

DISCOVER BOATING

June 19 - August 18, 2006

O'Shaughnessy Reservoir - Route 257 (1/4 mile north of the Columbus Zoo)

645-6122 or 645-3232

Application available at

www.columbusrecreparks.com

The Columbus Recreation and Parks Department will be providing watercraft instruction in basic sailing and canoeing at the O'Shaughnessy Reservoir.

This program is open to children, ages 10-18, and adults who have intermediate level swimming skills. All applicants must take a water test, which requires jumping into water over their head and floating, swimming or treading water for three minutes. The water test will be given at the Columbus Aquatic Center (1160 Hunter Avenue -- refer to the map on the back or call 645-6122) at 9:45 a.m. on the first day of each session. Transportation will be provided to the first twelve participants requesting it for each session.

A registration fee will be charged: \$85.00 for children's classes, \$85.00 for adult classes, \$65.00 for senior classes and \$135.00 for adults & kids' classes. P.L.A.Y. sponsorship is available. All participants will receive 22 hours of instruction in either sailing or canoeing. **The Registration form and the Release of Responsibility must be signed to participate. If we are transporting your child, the Travel Release form must also be signed.**

Throughout the summer, nine class sessions will be conducted for children, two sessions for adults, one session for seniors, and one session for adults & kids combined. Children will meet five days per week, Monday-Friday for one week, adults and combined adults & kids will be scheduled on Saturday and Sunday afternoons, and seniors will be scheduled on Tuesday evenings.

YOU MUST SUBMIT A SEPARATE REGISTRATION FOR EACH SESSION YOU WISH TO PARTICIPATE IN. Due to the popularity of this program, you are limited to one sailing course and one canoeing course per year.

CHILDREN

Monday-Friday

SESSION	DATES
1 -----	June 19June 23
2 -----	June 26June 30
3 -----	July 3July 7 ***
4 -----	July 10July 14
5 -----	July 17July 21
6 -----	July 24July 28
7 -----	July 31Aug 29
8 -----	Aug. 7Aug. 11
9 -----	Aug. 14Aug. 18

*** No Class July 4

ADULTS

Saturday & Sunday 10:30 am – 3:30 pm

SESSION	DATES
1	June 17July 2
2	July 8July 23

ADULTS AND KIDS (one adult, one child)

Saturday & Sunday 10:30 am – 3:30 pm

1	July 8 July 23
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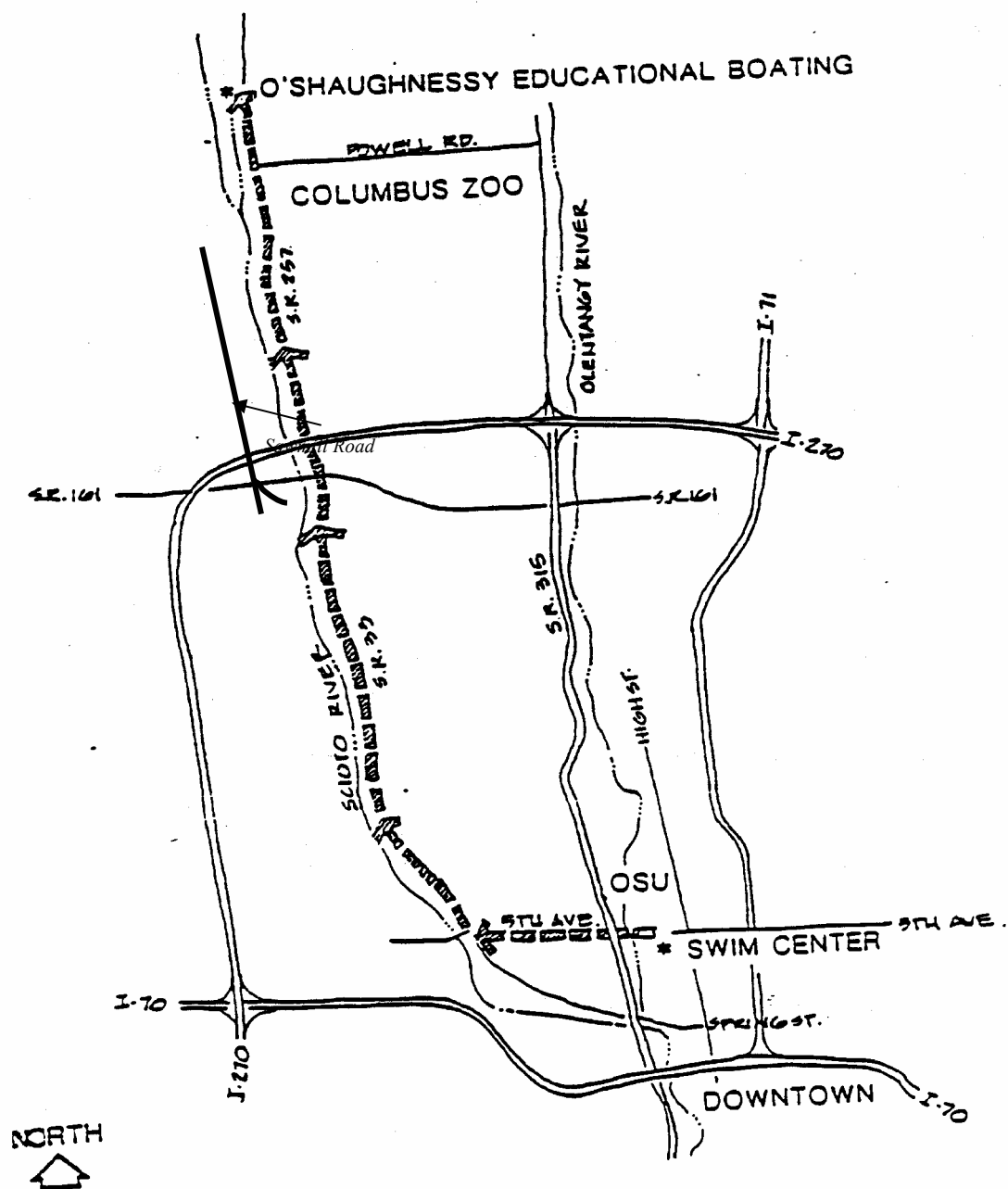
SENIORS

Tuesday 4:00 pm to 8:00 pm

1	June 20 Aug 1
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Transportation to and from O'Shaughnessy Reservoir will be provided (*to the first twelve applicants requesting it in their returned application*) from the Columbus Aquatic Center. Students will leave the Aquatic Center at 10 a.m. and return at 4:00 p.m. each class day. Students providing their own transportation should arrive at O'Shaughnessy by 10:30 a.m. and may depart at 3:30 p.m. Students who ride the van to the program must also ride the van at the end of the day. Adults are required to furnish their own transportation.

All boating equipment will be provided at the site. Participants will be required to furnish their own swimsuits and appropriate clothing for weather conditions. In addition, participants must provide their own sack lunch and beverage for each class day. Refrigeration will be provided.



Registration Form and Medical Record for Discover Boating Program

Registering for:

☐
☐

Sailing
Canoeing

☐
☐
☐

Child
Adult
Adult / Child

Have you participated in the Boating Program before?

If so, Circle

Sailing ____ Years

Canoeing ____ Years

Name _____ Age _____ Phone (____) _____

Address _____ City _____ Zip Code _____

Name of Parent / Legal Guardian _____

Address _____ City _____ Zip Code _____

Where can you be reached during the day? Phone Number _____

Name of Family Physician _____ Phone Number _____

Name of person (relative or friend) whom you authorize to act in your behalf if you cannot be reached:

Name _____ Phone Number _____

Address _____ City _____ Zip Code _____

In case of Emergency, a doctor may treat the above child: Yes ☐ No ☐

List any allergies to food, drugs, plants, insects, etc. _____

Information and suggestions regarding special health considerations and/or necessary medications: _____

To the best of my knowledge, the above Child / Adult is physically fit and in good health. I understand that all standard safety measures will be met. I do not hold the City of Columbus or staff liable for illness or accident.

Signed _____ Date _____

Please indicate if transportation will be needed, limited to the first 12 in each class: Yes ☐ No ☐

Please Check session preference: Children 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐
Adult 1 ☐ 2 ☐
Adult / Child 1 ☐

Choice of class session and / or boats will be determined by order in which registrations are returned to the: Columbus Aquatic Center, 1160 Hunter Avenue, Columbus, Ohio 43201.

DO NOT SEND REGISTRATION FEE.

The registration fee will be collected at the Boating Complex upon satisfactory completion of the water test.

FOR OFFICE USE:

RETURN DATE: _____

SESSION NUMBER _____

☐ CANOEING ☐ SAILING

AGREEMENT TO PARTICIPATE/RELEASE AND WAIVER OF RESPONSIBILITY

I, _____, agree to have the child of whom I am parent/guardian, namely _____, participate in the Columbus Recreation and Parks Department DISCOVER BOATING PROGRAM. I understand that this program will have both classroom and on-the-water sessions and, like any program involving on-the-water activities, includes the possibility of immersion in water, personal injury and/or death.

I agree that the child of whom I am parent/guardian will abide by the rules and regulations as set forth by the Columbus Recreation and Parks Department, and I agree that said child will obey the supervisors and/or instructors of the session(s).

I certify that said child is in reasonably good health and that said child is able to participate in this activity without adversely affecting any health problems. I agree to notify the instructor(s) prior to the beginning of the DISCOVER BOATING PROGRAM of any medical or physical condition of my child which may affect his/her participation in the program and of any medication which said child is presently taking.

By signing this AGREEMENT TO PARTICIPATE/RELEASE AND WAIVER OF LIABILITY, I indicate that I have read it and understand that its purpose is to, and I hereby do, release the City of Columbus, its employees, instructors and Commission members from any and all liabilities or damages, injuries, or death incurred by my child participating in the DISCOVER BOATING PROGRAM as explained more fully in the following paragraphs.

I intend for this document to be an enforceable contract between the City of Columbus and myself, supported by valuable and adequate consideration which I acknowledge I have received or will receive by my child participating in the DISCOVER BOATING PROGRAM, being allowed to enter the premises used by the City of Columbus for the DISCOVER BOATING PROGRAM, and being allowed to use the equipment provided by the Department of Natural Resources, Division of Watercraft, American Red Cross, and/or the City of Columbus.

My purpose in becoming involved is to further my child's interest in the sport of boating. I understand that there are various risks and hazards associated with boating. By signing this document, I represent that I have made my own investigation of the risks and hazards involved with the DISCOVER BOATING PROGRAM and have chosen to permit the child of whom I am parent/guardian to participate in the DISCOVER BOATING PROGRAM with a knowledge and understanding of those risks. By example only, and not limitation, I understand that some of the risks and hazards associated with participation in the DISCOVER BOATING PROGRAM include personal injury and/or death by drowning.

I hereby voluntarily assume the risk of any and all loss, damage and injury, including death, that the child of whom I am a parent/guardian, namely _____, may suffer as a result of any of the hazards listed above, as well as any not listed which may occur while engaged in any activity of the City of Columbus, its employees, instructors and Commission members while conducting the DISCOVER BOATING PROGRAM.

Signature of Child

Date: _____

Signature of Parent or Guardian

Date: _____

TRAVEL RELEASE FORM ON BACK OF THIS PAGE

City of Columbus, Recreation & Parks Department
Discover Boating Program
Travel Release Form

(PRINT ALL INFORMATION)

Child's Name _____

Address _____

City, State, Zip Code _____

Parents' Telephone Number:

Home _____ Work _____ Other _____

RELEASE OF LIABILITY / HOLD HARMLESS AGREEMENT

I agree to hold the City of Columbus; its agents, associates, contractors, employees, and sponsors free from liability and harmless from damage to property or injury sustained by participation resulting from the operation of the Discover Boating Program. I certify that I am aware that participation in this program contains certain risks and dangers including but not limited to accidents or illnesses, the forces of nature, travel by automobile or van, or other unforeseeable causes. I understand and assume all risks that may occur during my child's participation in this program. I authorize the City of Columbus to use my child's photograph for public relations purposes.

SIGNATURE OF PARTICIPANT: _____ Date: _____

SIGNATURE OF PARENT: _____ Date: _____

(BOTH MUST SIGN FOR CHILD UNDER 18)